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ABSTRACT

This paper, one in a series of occasional publications, discusses population growth and trends in the African Republic of Zaire. The series is intended to increase understanding of the interrelationships between population growth and socioeconomic and cultural patterns throughout the world, and to communicate this understanding to scholars and policy makers. This publication includes a discussion of the following: (1) General Characteristics of Black Africa, (2) African Attitudes toward Population, (3) Demographic Trends in the Zaire, and (4) Urban Trends and Internal Migration. (Author/RM)

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Caltech Population Program Occasional Papers

Caltech Population Program

The Caltech Population Program was founded in 1970 to study the factors influencing population growth and movement. Its goal is to increase our understanding of the interrelationships between population growth and socioeconomic and cultural patterns throughout the world, and to communicate this understanding to scholars and policy makers.

This series of Occasional Papers, which is published at irregular intervals and distributed to interested scholars, is intended as one link in the process of communicating the research results more broadly. The Papers deal primarily with problems of population growth, including perceptions and policies influencing it, and the interaction of population change with other variables such as resources, food supply, environment, urbanization, employment, economic development, and shifting social and cultural values.

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DEMOGRAPHIC TRENDS

IN THE REPUBLIC OF ZAIRE

Joseph Boute

General Characteristics of Black Africa

I am very pleased to be able to speak to you today. And I thought it might be interesting first just to see what the African population looks like, very broadly.

In 1968 Africa had a mean population density of 164 persons per square kilometer of arable land, as compared with the world average of 248. However, there is a wide diversity among countries: in Central Africa, for instance, the range is between 46 in Zaire and 375 in neighboring Rwanda. For each country there is also a big difference between total surface density and density per unit of arable land. Gabon, for example, has a crude density of only 2 persons per square kilometer, but 365 persons per square kilometer of arable land.

However, demographic conditions on the continent should not be measured in terms of numbers and density only, but rather in terms of the age and sex structure, and of the needs of the different groups in the population. So first let us have a look at the age distribution. The population of Africa is a very young one. On the average in 1970 children made up 44 percent of the total population, persons of working age (15-64) made up 53 percent, and those aged 65 and over represented only 3 percent.

It is important to examine trends here to help in planning to meet future needs for education, employment, health services, and so on. For instance, at present the working-age group is growing less rapidly than the 0-14 year age group — the estimated rate for the former is 2.6 percent — but as today's children enter this group it will begin growing at a faster rate than the total population and by the end of the century the rate may be as high as 3.2 percent as against the current 2.8 percent for the growth

rate of the population of all ages. Again, projections for the school-age group indicate that in addition to the educational needs of the estimated 90 million children in present-day Africa, these needs must be met for 54 million more members of this age group between 1970 and 1985, and another 77 million between 1985 and 2000.

As far as the sex ratio is concerned, it is well known that Africa has a higher proportion of females to males than elsewhere in the world. With few exceptions, this is true all over sub-Saharan Africa, where the ratio is consistently 90 to 95 men per 100 women. It is an interesting fact which is not easy to explain. Some people say that biological reasons, still unexplained and unexplored, account for the fact that the sex ratio of male babies at birth is very low as compared with other parts of the world. The statistical data are very poor, but I have talked with medical people who do not find the birth ratio to be skewed in their own experience. It is a controversial question which will have to wait until better information is available.

About growth: On the average the crude birth rate for the continent is given by the UN figures as around 46/1000, and the death rate at about 24/1000, for a rate of natural increase of 22/1000. Yet I have computed rates for the same categories from detailed averages given in the United Nations' *Demographic Yearbook* — the summaries for the major regions of Africa — and when I put everything together I find the growth rate for the entire continent to be 26/1000. I don't have any explanation for this discrepancy. With respect to the large regions, the figure for the crude birth rate in West Africa is the highest, 49/1000, and East and Central Africa are about the same at 46/1000. The mortality rate is considerably lower in East Africa, 21-22/1000 as compared with 24/1000, probably because of a more favorable climate and less malaria. I don't think there is that much difference in the medical infrastructure among the three regions.

In general it is taken for granted that the mortality rate in Africa is dropping continuously. I remember that at the African Population Conference held in Accra, Ghana, in 1971 there was quite a lot of discussion about this, some demographers contending that the UN projections almost dogmatically count on a very regular decrease in mortality. They were raising questions about the validity of the data base for such projections. For instance, Professor William Brass from London is always trying to improve our knowledge of mortality by age, and that is why in the most recent African censuses the demographers are asked to introduce a new kind of question: "Is your father still alive?" and "Is your mother still alive?" Of course, in the African context you have to make sure that the respondent is speaking of his biological father, since "father" is a term that means different things in different cultures. But once you have the

answer and are able at the same time to get the age of the respondent, then it is possible to work out the probabilities of having a parent of either sex survive.

With respect to fertility: In the transitional societies of Africa the age of women at first marriage is usually under 20, and the proportion of single women at age 35-40 is commonly less than 5 percent. But although the marriage pattern is much the same throughout Africa, there are very large differences in fertility patterns from one place to another. A good deal of research is going on now to try to find the causes for these differentials. For example, in Ibadan, Nigeria, a new project is being planned to investigate sterility in Africa. This has an important bearing on family planning, since if you want people to be motivated to practice birth control yet among the population many women are sterile, the others won't be convinced.

One major factor in sterility is venereal disease, and this can be suppressed rather quickly. Here I can cite a local example. I spent a few weeks in southern Kasai Province, Zaire, trying to see whether we could start a project of research on the influence of marital status on fertility. At one time this locality did not have a doctor, and in about 1962 the World Health Organization sent somebody in. This man noticed that many of the women had venereal diseases. He set about curing them and they began having children again, whereas they had not had any for some years. This doctor stayed for two years and then left. No doctor any more, no children any more. When I went around the villages I saw a lot of children 5 or 6 years of age — none younger than that and none older. It was really a strange thing to see.

Education also has some bearing on fertility. Young people who are going to school may marry at a later age than they used to, and this may affect the natural fertility pattern. It is true that in many parts of Africa high school or secondary school pregnancies are a problem. But the girl usually drops out of school when there is a pregnancy and the boy has to pay a sort of dowry as compensation for the lack of education the girl will suffer. Sociologically, things are changing quickly now on that point. For instance, the parents no longer consider that the boy has to marry the girl; he has to give compensation for the loss of education and of course he has to take care of the girl up to the birth of the child, but after that he may quit. It is an odd situation. I am speaking now about Kinshasa (Zaire) where this has started only very recently; I'm not sure that the same thing is happening in other places.

Fertility differences are also found between urban and rural areas. In some areas, particularly in West Africa, surveys have shown that urban fertility is lower than rural fertility. For instance, Professor Samuel Gaisie, a Ghanaian, has made a very accurate investigation of various tribes in

Ghana, and he found that for all the tribes he studied the same pattern held true: fertility was lower in urban areas. But in Central Africa the opposite is the case: fertility is much higher in the cities, except possibly in Zambia. From discussions about this which took place at a conference in Abidjan, Ivory Coast, in June 1973, it would appear that differences in traditional customs offer an explanation. In Central Africa sexual relations are traditionally prohibited for some time after birth. But when the women move into the towns they begin to listen to all kinds of ideas and there is a trend toward emancipation. This is translated, in terms of individual psychology, into the desire of a woman to keep her husband for herself and not share him with other women — that is, polygamy is very much unwanted in urban areas. This means that the prohibition against the husband approaching his wife after the birth of a child is breaking down, and because the women do not know about contraceptives, the spacing between births is getting to be much shorter in the cities than in the rural areas.

Accurate studies of the relation between polygamy and fertility are few. When I was in the region of southern Kasai, I tried to find out about this by asking the women what had happened to them, age-by-age and marriage-by-marriage. Of course, these are touchy questions in Western cultures, but African women do not mind answering. I found that the largest number of children were born to the first wife of a man with multiple wives. The second highest number of children were born to wives in monogamous unions. Children for second wives in a polygamous union ranked next, and the numbers of children declined for third, fourth, and fifth wives, in that order.

Q: How do you account for this seemingly extraordinary fact? Does the presence of additional wives increase the frequency of intercourse of the first wife because of potential competition?

Boute: I have no satisfactory answer. It is just that where I studied the question, the monogamous wife had fewer children than the first wife in a polygamous marriage. There could be many answers. The fact I want to stress is that if polygamy is on the decline, this will certainly mean more children for the group as a whole — not for each husband maybe, but for each wife on the average.

There is some evidence that girls are now tending to marry later and have their first child later. In the past, particularly in rural areas, when very young girls, say 12-14, had their first child there were many accidents which resulted in sterility. Now it appears that primary sterility may decrease, due both to better medical care and because the girls are a little bit older when they start having children. The births averted in the very

early period of fertility may well be more than offset by the decline in sterility.

To summarize this, I think that there are several reasons to expect that the birth rate will rise in black Africa before it starts to fall in the way the theory of demographic transition postulates. Improved public health measures will decrease temporary sterility caused by venereal diseases, and increase live births, monogamy seems to result in more children being born, greater average maternal age at first birth will decrease primary sterility, and so on. At the same time — remember the African population is very young — better public health will result in lower mortality rates for virtually all ages, and certainly for infancy through the reproductive years. So we must anticipate increased growth rates, at least for the short term.

African Attitudes toward Population

I would like to mention just briefly some attitudes of Africans about population. For example, how do they react to the introduction of family planning? The government people on the whole are skeptical. Their position is that there is plenty of room in Africa and no population problem exists; that accurate demographic data are lacking and therefore the situation may be drastically different from what it appears to be. This makes for a wait-and-see attitude and points up the importance of providing Africa with good data.

A second aspect of African attitudes is that overpopulation is considered to be a problem originated by the developed countries, the big consumers of the earth's resources. This came up time and again in the Accra and Abidjan conferences. The industrialized countries want to tell Africa what to do because it is necessary to them that Africans remain producers and suppliers of raw materials, as well as customers for manufactured articles. And of course the Africans are not satisfied that the consumer society should be regarded as the ideal. In fact, the more they travel in Europe and the United States the stronger this reaction becomes. But although there is a distaste for the affluent society, at the same time there is a kind of intolerance for the traditional African way of doing things.

Much research is necessary on the influence of African traditions on fertility. In the past, birth spacing has been accomplished by taboos on sexual relations until a child is weaned, and by social pressure — a woman who has her children too close together is made fun of in traditional life. Now, with urbanization and with particularly the women's desire for monogamous marriages, these taboos are no longer effective. But if the Africans can be persuaded that they should look for new ways to imple-

ment the old aims. I think that this way their fertility can be brought into line with the general trends of the modern world. Also, I believe that this will provide one strong basis for indigenous population policies.

Q: A lot of people have said that the low population in Gabon reflects the devastation of the slave trade. Do you agree?

Boute: No, I think this is anticolonialist bunk. There is no correlation. Once I asked a Gabonese: "What do you think about your rate of fertility?" He answered: "Gabonese people should drink much less." I'm not sure what less drinking would do for their birth rate, but there is a large amount of sterility in the country caused by venereal disease.

Q: One can make a case that the civil war in Nigeria was one of the first wars to be caused by taking a census. Certainly arguments over the census, or over the attempts to inflate the figures in order to gain political advantage, were exacerbating factors in the differences. What do you think about this?

Boute: Well, I'm sure that all over Africa census results are manipulated for political reasons.

Q: Generally to increase the strength of one ethnic group?

Boute: Yes, or one region — in order to get more assembly seats, for example, or a larger share in the budget.

Q: Nigeria would appear to have been an extreme case. Do you know of others?

Boute: Well, Blacker, who witnessed the census in Uganda, said the same thing. He had to readjust data for some places. And I'm sure that in the Zaire census of 1970 — they call it a census, but it was just an administrative counting — orders were given to falsify the figures.

Q: To increase them?

Boute: Yes. I wrote a critical commentary on the results of the so-called census, and I was not allowed to publish it until a few months ago. We are now in 1973, so it is less dangerous; by now everyone is well aware of the fact that the census of 1970 was not all that good. I would like to talk in more detail now about that counting, and also about the general demographic trends in Zaire today.

Demographic Trends in the Zaire

As I have said, that 1970 census was a very simple one that gave only the number of males and females under and over 18 years of age; in other words, we have four groups, two for each sex — and that is all we have — for each *collectivité locale*, the smallest administrative unit. The total population of Zaire is given as about 21.6 million. [See table 1 for age-sex

Table 1. Zaire's Population Structure by Age and Sex Groups

	1950	*1970*
Adults (18 and over)		
Men	3,206,725	5,000,824
Women	3,478,960	5,670,950
Total	6,685,685	10,671,774
Children (0-17 years)		
Boys	2,403,516	5,553,112
Girls	2,242,592	5,410,990
Total	4,646,108	10,966,102
Grand Total	11,331,793	21,637,876

Source: Institute Nationale de la Statistique, ONRD/Kinshasa

structure.] There is no way of knowing the annual rate of growth, of course, since information on births and deaths in the year of the census is lacking. We have therefore to try to discover growth rates on the basis of intercensal estimation. Now, the census before that — also an administrative counting of the same type — was taken in 1959, which gives an eleven-year period. If we accept the figures for total population from the two censuses, then the population growth during this period would be at the rate of 42/1000 per year, or 4.2 percent. This is of course unheard of in any country. It might possibly happen for a short period in small islands — I believe Mauritius has a very high rate — but for a country the size of Zaire a rate of more than 3 percent would be incredible, and one has to look for a mistake somewhere. The fact that fertility has increased and mortality has decreased is in the range of expected change. But let me point out that acceptance of this unheard of rate of growth leads to impossible conclusions for the separate evolution of birth and death rates. For instance, if we were to accept that Zaire has attained today an almost unbelievably low crude mortality rate of 10/1000, then we would have to accept a crude birth rate of 52/1000, which is very high. So we really have to question the figures of the 1970 census.

Recently, at the request of the planning service of the President of Zaire, I computed some new figures. In this study I had a look at the agricultural census of 1970, which also provided some data on population and on age groups under and over 18 years, and I used in addition a large national sample survey taken in 1955-57. Together with the administrative census of 1970, I then had three sources for comparison. What I did was to relate the children under 18 to the women 18 and over. The results,

though admittedly crude, were interesting. Of course, the agricultural census did not include the cities, but for rest of the country the comparisons showed a pattern.

Let us take the figures for the entire country. Those for the 1955-57 survey showed 146 children per 100 women, the administrative counting (1970) showed 192 children per 100 women, and the agricultural census (1970) showed 164 children per 100 women. Except for some slight variations in different parts of the country — I won't go into the details statistically — the pattern is always the same: the administrative census is always much higher than the agricultural census of the same year, and both are higher than the sample survey of 1955-57. I can provide some reasons that contribute to an explanation of the overall differences, and a few of these factors I have already touched on. Girls and mothers know more about confinement and child bearing. The proportion of young women entering the reproductive age is higher, and this means more mothers. Taboos with a birth-spacing effect are being neglected, especially in the eastern part of the Zaire. In a country where large numbers of women in the past have remained sterile, more are now able to bear a first child.

This apparently tremendous increase in fecundity is fairly uniform across the country except in a few regions that even before independence were known to have low fertility.

The difference between the administrative and the agricultural surveys in 1970 is largely explained by the kinds of people who gathered the data. The Department of Agriculture sends people into the field to find out about crops and irrigation and things like that. Although they took a sample of population everywhere they went, they did not have any reason to come back with large figures. Theirs was not really an exhaustive census, but it did provide figures for the second smallest administrative units, the *groupements*, which comprise two or three *collectivités*. I chose a sample from among their list of figures for all the *groupements*.

The point I want to make is that each time we get hold of one more source of data, we have a new reason for asserting that the figures in the administrative census were too high. For example, I investigated the intercensal rate of growth. We had one administrative counting in 1956 and another one in 1959, and both of these countings were more accurate than that in 1970, I believe. I took the intercensal rate of growth between these two earlier censuses and then computed what the population would be if this rate had continued up to 1970. I did it for each of the 24 districts in Zaire. Now, if you add the 24 estimations together you get a total population for 1970 of 18,317,000 instead of the 21,637,000 given in the census of that year. Of course, there was no certainty that the population would have remained at the former rate of birth, so I decided to accept an

Table 2. Population Projected by Age Groups

	Percentage of the Total Population		
Age	*1970*	*1975*	*1980*
0-4	17.98	18.31	18.32
5-14	26.28	26.32	25.26
15-44	42.29	42.05	41.69
45-59	8.84	8.80	8.76
60 +	4.51	4.52	4.47
Total Population	21,637,876	24,842,051	28,680,423

Source: Perspectives demographique provisoire du Zaire 1970-80, Bureau du Président, ONRD/Kinshasa

increase of 5/1000 in the rate and recomputed the total. I got a figure of 19,700,000, and to me this looks like a sensible figure for 1970. The adjustment was very crude, but I think it is better than nothing.

In the National Statistical Institute we were asked to compute some projections up to 1980, but we were requested to stick to the figures of the administrative census of 1970. We took the 1970 figures, since these were officially forced on us, and used the rate of growth I have been talking about, so that as the projection approached 1980 the figures would look more normal. [See table 2.] If there is a census in 1980 and our figures are examined, then the government will say, "Yes, we were expecting that," and they won't be surprised to find that number of people, even if they would like to have more.

There is another point I want to make. We showed, because we did not want to be too dogmatic about it, three different projections — high, medium, and low — as the United Nations commonly does. I have been speaking about the medium projection, which looks to be more reasonable than the others. In June 1973, there was a fair in Kinshasa, and we were asked to provide an exhibit, so we showed a graph of the three projections. The President visited the fair and looked at our projections. And then he said, "Well, I prefer the lowest one. Because what can we do with all those children? It is really becoming a problem." This shows that the American doctors who have been attending him are beginning to influence his thinking. Three years ago he was very proud of Zaire being a big nation of 21.6 million, and a few months later he was already speaking of it as 22 million. Now it is no longer like that.

Q: What happens if one tribe or political party isn't happy with your figures?

Boute: Well, we will have to live with it — we won't give them other figures. The Office of the President has accepted our projections as the official version for the government. All the government departments — Agriculture, Labor, and so on — have been practically forced to accept those figures and to make all of their plans and provisions accordingly. It is a little bit tricky, but it seems much more sensible to do it that way.

I will give you another illustration of the change. In September 1973 there was a meeting in Nairobi, Kenya, on population policy and the Zairian representative came to me to discuss what he should say. This is what he wrote about the current approach and programs:

> Before 1972, in spite of the availability of countrywide date, no official position was formulated on family planning or population control in Zaire. Nevertheless, certain laws concerning social and family welfare exercised an unsought-for influence over the population growth. This was the case with the sale of contraceptive articles and the practice of abortion, which were both explicitly prohibited by the colonial penal code. But these provisions were neither formally ratified nor abrogated after Independence. It was only in his address to the National Legislative Council on December 5, 1972, that the President for the first time raised a question of the birth and death rates when he declared that "the decline in the death rate no longer required, as in times past, that there were numerous births in order to have the same number of children." Also, one concluded from that message that the government had to search for means of reducing to a minimum infant mortality just as it had to . . . facilitate the use of contraceptives. These words of the President then gave the signal for a series of direct and indirect measures for concrete action. Among the direct measures adopted were the creation of a national council for the promotion of the principle of desired births [*naissances dēsirables*], the setting up of family planning units in hospitals, and the encouragement of the use of contraceptives.

So you see that Zaire now has a sort of official policy which is favorable to contraception.

Q: May I ask if any of the split in recent years between Bishop Malula and President Mobutu arose over the question of family planning?

Boute: No, it did not.

Q: So the Catholic Church has not made an issue of this in Zaire?

Boute: No, not at all. The Catholic Church in Zaire has 46 dioceses and 8 archdioceses; about 40 percent of the population is Catholic, and of course, the Church is considered an important social body. More than half of the bishops are Zairian — I can't say exactly because some have died recently and some auxiliary bishops have been added, but I know that it is more than half. At the annual general assembly of bishops in 1968 the African bishops, who are more conservative than the European ones, were contemplating issuing a statement about *Humanae Vitae.* But they decided just to keep silent. Whereas in Ouagadougou, Upper Volta, and in Cameroun, some bishops spoke loudly in favor of *Humanae Vitae,* in Zaire they did not talk about it. So this has not been an issue between the President and the Catholic Church.

Q: As a Jesuit, have you never been criticized within the Church because of your stand on family planning?

Boute: No, never.

Before we go in to something else, the last point I want to make here is that recently the creation of a National Council for the Promotion of Desirable Births was decreed, as mentioned a moment ago in the paper I quoted. This is a cumbersome title. It came about because in his address to the National Legislative Council, President Mobutu said that instead of speaking about "family planning," he himself preferred to speak about "desirable births." He did not explain in what sense they were desirable. What may be desirable for the government is not necessarily desirable for the parents. Also, in Africa you have to contend with the extended family; a nuclear family household might like to have fewer children, but maybe the uncles and grandparents are pushing the parents to have more. The decision was made last February [1973] to create the Council, but nobody was ever appointed and we are now into October. The Council is not working yet because nobody is in it. In other words, things are going ahead, but not all that quickly.

Urban Trends and Internal Migration

It is not exactly easy to analyze growth trends in the cities because historically towns were organized in a variety of ways. First, in 1913, when some points in the country began to attract more people, human agglomerations grew up, and within these the decision was made under colonial rule to separate the European and the African districts in what was really a segregation measure. The European quarters were called the *ville* and the African quarters were called the *cité indigène,* and each had a separate administration. Africans were allowed to work in the European

districts, but, except for house servants, were required to go back to their own districts at night to sleep.

In 1915, another formula was used for some places where the government decided to take over land to prepare for the growth of a city. These were called *circonscription urbaine*, and the area covered was much larger than the place where people were actually living. It might include, besides the core of the city, some villages that were destined to become incorporated into the city as it grew.

In 1923 Leopoldville was the first to be called a *district urbain*, made up of the *cité indigène*, the *ville*, and some neighboring territory. Then in 1931 still another kind of settlement was formulated, the *centre extracoutumier*. In the interior, where there might be one small European enterprise, this business was likely to be located on the fringe of a neighboring village and was considered as a special part of that village. But tensions arose with the chiefs, and the administration decided to separate these enterprises from the villages. They were called *centres extracoutumiers*, which means "centers outside of traditional life." By 1959 there were 48 such centers in the country.

Kinshasa itself is very complex in its origins. The original settlement, the *cité indigène*, where the boats started to go 1000 miles up the river to Stanleyville, today is called Kintambo, after the chief Stanley encountered there in 1873. But it became too small, and another port was started some distance away. Then there was a village called Kinshasa, where people began working for the embarkment of goods, and so on. By 1954 the city of Léopoldville embraced three zones — Kinshasa, Bahumbu, and Linguala. In 1956 the administration decided to establish three different centers — Bandalungwa, Matete, and Lemba, with nothing in between. Today all that is Kinshasa, the *district urbain*. I don't want to elaborate any further, but just to stress that in using statistics about cities, especially in computing intercensal rates of growth, one has to be extremely careful. If the definition of the place is not the same at different times, it can be very misleading.

Most of the cities in Zaire are growing quite rapidly. We have 10 centers growing at the pace of 11 percent a year — very fast. Then another 14 cities are increasing at between 8 percent and 10 percent, 15 cities are between 5 percent and 7 percent, and 11 cities are between 0 and 4 percent. This rate of growth is not something new: the pace has been more or less stable for the past twenty or thirty years when the areas are correctly defined. And this shows that it is not only because the country became independent and obstacles were removed that the cities are growing now. It used to be said that the cities were developing because of the need of manpower, but actually this is not quite true. The trend is a fundamental one. People want to come to the cities, where they have

Table 3. Urban Centers of over 5,000 Inhabitants

Regions	*Number of centers*	*Annual increase (per thous.)*	*Estimated population 1970*	*Projected population 1980*
Kinshasa	1	108	1,323,039	3,682,497
Bas Zaire	23	67	383,287	733,452
Bandundu	14	69	339,101	658,976
Equateur	11	61	286,632	519,008
Haut Zaire	21	71	526,987	1,046,546
Kiva	16	86	435,110	989,905
Shaba	16	55	863,206	1,474,005
Kasai Oriental	8	67	519,288	996,152
Kasai Occidental	7	83	580,050	1,279,024
Total Urban	117	80	5,256,700	11,379,565
% of the country	—	—	24.2	29.7

Source: Institut National de la Statistique, ONRD/Kinshasa

advantages. And I don't mean just employment. If you ask a woman, "Why did you come to the city instead of staying in your village?" she would answer you, "Well, I don't have to cut the wood, I have charcoal ready to use," and things of that kind.

I have tried to compute some ten-year projections for urban centers in the Zaire and I would like to pass them along to you. [See table 3.]

Q: Earlier you gave us a rather dramatic example of the effect of one doctor in one region curing venereal disease for a period, and the consequent large number of children. Are we correct in assuming that in the cities there is better public health care and control of venereal disease? In other words, would the ones coming in from the country benefit from that so that you would have a higher specific fertility?

Boute: Precisely right. Sometimes I have had young men come to me and say, "I am suffering." And I say, "Well what kind of suffering do you have?" Then they look at me in a certain way and I understand. I tell them, "You go to the dispensary right away." So they go to the neighborhood dispensary, it takes four or five days, and then they forget about it. Of course, in the interior they could never do that.

Q: Can you estimate this effect on the growth trend in the cities?

Boute: No. I use the general trend, assuming that a similar pattern

existed in the past. This would mean that if the trend is gathering momentum throughout the period, one would expect fertility to be higher and mortality the same or a little bit lower. And then the natural increase would be higher. But it does not mean that *national* growth would necessarily be higher, because you don't know how many people you pull in by migration.

Q: What do you forecast, though, for the effect of increased medical services in areas that don't have them now? Presumably in 1980 there will be a larger number of Zairian doctors.

Boute: I don't have the figures here, but of course the cities are always much better off with regard to the number of medical doctors available for the population. And I think that the gap between the cities and the rural areas in this respect will be greater in the future than it is today, unless there is a drastic change enforced by government decision. But I don't expect that. Zairian doctors don't want to go into the interior. They prefer to stay in the cities because then they can open their own offices and work for themselves instead of working in the state hospitals.

Q: What about nursing teams and paraprofessionals who, if I understand the situation correctly, can work in the country or anywhere else?

Boute: They can work anywhere, yes, but their proportion is small.

Q: In the cities, do you have developing at least the beginnings of a middle class of administrative people and technocrats, so to speak, who would tend to have smaller families and higher economic status? Would that effect the projections to any degree?

Boute: Yes, we are beginning to have a middle class, but they are a minority. The people who are coming in and the lower class people still stick to their old traditions. They don't see why they should have fewer children, since this would not change anything. Some surveys made on household expenses show that whatever the number of children these families have, they would not spend one *liquita* — one cent — more if they had more children.

Q: From your predictions about rapid urbanization, which are obviously sensible, you seem to presume that government efforts in birth control will not really get under way. But one would like to think that if they did, then urbanization and a concentration of doctors in the cities would be the ideal way to introduce family planning. You wouldn't have to chase around the whole countryside in order to find people.

Boute: I don't know whether you have been able to speak with people in charge of family planning in Kenya and Nigeria and places like that. What I have heard from these people indicates that family planning will have some results so far as mother and child care is concerned, but when it comes to reducing the growth rate it is really too early to tell. I expect that it will be at least 1990 before we are able to see that a change has come

about in that respect.

Q: I only know of one specific instance, but in that case they tried to extend birth control out into the rural areas and the men strongly opposed it for all kinds of reasons — psychological and sociological. In an urban situation where many of the women were working in factories the women wanted birth control, and in the anonymity of an urban society they were able to get contraceptives without telling the men about it. Of course, in a rural society they might have been discovered.

Boute: In 1967 we did a sample survey in Kinshasa on fertility and economic status. We divided the city into six different kinds of areas and looked at the fertility rates, and we found that the higher the socio-economic status, the lower the fertility.

Q: But what proportion of the people are in the upper bracket?

Boute: Less than 5 percent.

Q: It seems to me that the large growth of urban population is going to require conversion to a completely different type of economy. I wonder whether there are finally going to be so many people in the cities that the government won't be able to provide the services necessary to keep the city going, and the momentum will, in effect, stop itself.

Boute: Well, I don't think the people who migrate to the cities will consider that. They will go there anyway. They have nothing in the interior, most of them, so they just want to try their luck. Once they are there, and find out that it is not heaven, they don't want to go back because it would show everyone that they did not succeed.

Q: Was there not a very sharp increase in the rate of growth in Kinshasa, or Léopoldville, after World War II?

Boute: Yes, and especially after 1960, but in fact that was a kind of making up for what could not be done within the previous five years. Between 1955 and 1960 the colonial government really tried to impede people from coming into Leopoldville because it was growing too fast. But when you look at the general trend, there is no important change.

Q: The reason I asked the question is because this is generic to most African cities. During the colonial period many of the administrators tried one way or another to stop the rapid urbanization, which was creating a lot of problems. And the same concern is still felt. It has sometimes been said that one of the advantages of independence would be that an African government would be more willing to try to take measures to control too rapid urbanization, whereas if the same things had been done by a colonial government they would have been regarded as politically repressive and would have led to confrontation.

Boute: Yes. In Zaire you have an example of that, too. Three years ago the government decided to send back to the villages people who did not have any jobs in the city. And people were put on the trucks and there they

went. Of course it is all very well to make a decision like that, but one has to be able to enforce it. First of all, you never know whether the people have really reached their own villages, and second, what is to prevent them from coming back? So after a few months, there they are, back in the cities again.

Q: Was there no influx control? No check on the roads?

Boute: No, the network was too weak to control those things all the time. I remember a year ago I went from Kinshasa down to Matadi. This is the only asphalt road in Zaire, something like 350 kilometers long. On that stretch of road I met eighteen barriers manned by gendarmes. But they are not interested in the people who are halted; their interest is to see what is in the trucks and to get a share of it before letting them go on. It came to the point where there was a manioc shortage in Kinshasa a few months ago. The people of Lower Zaire did not want to go to Kinshasa any more. They said, "We have our manioc stolen on the way and by the time we reach Kinshasa there is nothing left to be sold."

Q: Were the gendarmes there to control population movement?

Boute: No, they are just there; nobody knows exactly why. But this shows that if the government wanted to control such movement, it would be possible on that road. I don't see how they could do it on the other roads, which are much smaller.

Q: I would like to ask where Kinshasa got its people? It's particularly interesting to me that the percentage of people who come in from Angola is high. This was true long before the fighting started there, though it seems to have accelerated since then.

Boute: There are many Angolans in Kinshasa, yes, but most Angolans are living down near Matadi, near the border there. One area there, the Songololo territory, is 60 percent Angolan and only 40 percent Zairian.

Q: What is the proportion of Angolans in Kinshasa?

Boute: About 16 percent.

Q: Are they permanent? They would not go back to Angola if it were African ruled?

Boute: No. Maybe some of them would, but the majority would not. For most of them their fathers came here when the Congo was a Belgian colony and they don't feel like going back. They are at home in Kinshasa or in Zaire, and many have married Zairian girls. One has to remember that these people are at home everywhere: the former kingdom of the Congo was in what are now three different countries — Angola, Zaire, and the People's Republic of Congo.

Q: Then they are not drawn from poor areas in Angola seeking employment?

Boute: Well, today in Zaire when you speak of Angolans, you are speaking largely of people who came from the region beyond the Falls, not

from farther south, but I don't know the breakdown. Today the Liberation Army in Angola is trying to get some Angolans from Kinshasa to be trained in guerrilla camps in lower Zaire and to go back to Angola to fight against the Portuguese. But most of them don't like that; they say they have been in Zaire so long that they no longer consider themselves Angolans and why should they go back there and get shot?

Q: Does Zaire have a sufficiently large armed force to discourage any threatening gestures from the Portuguese in Angola over these problems, such as the training of guerrillas on Zairian territory?

Boute: Well, you see, in a developing country like Zaire you always have many unemployed people. One way of coping with that problem is to draft many men, and that is what is happening in Zaire. They have a huge army, more than 30,000 men, which is quite unnecessary. Actually, what will they do with it? To a certain extent these are the ones who are keeping order, and also creating disorder. I mentioned those eighteen barriers on the road to Matadi that are not needed at all. Things like that happen everywhere. Most of them are not really well-trained soldiers. I wonder how they would fight if by any chance there was a need to fight.

Q: Are they being equipped in any special way? And by whom?

Boute: No, but I don't think they are planning to fight. Sometimes one hears that they are preparing a huge army to march against South Africa, but I think these are only rumors.

Q: How long does it take before Angolans are counted as Zairians?

Boute: There is no exact rule about it. For a long time they were considered as Congolese, because under colonial rule anyone who originated in a neighboring country was considered as Congolese in the census, and no distinction was made among them. That is another reason why it is difficult to compare censuses. What is the proportion of people who are today considered as foreigners but who were not so regarded in a former census? I cannot answer your question exactly, but I do know that in 1970 the government made a special effort to change and to be more precise about differentiating between people coming from outside and people who are native Zairians. They did not want to give foreigners the right to vote, for instance. During the first years of independence "foreigners" meant white people, but that is no longer true. Today a foreigner is really a foreigner, whatever the color of his skin.

Thank you very much, Professor Boute, for coming to discuss Zaire's demography with us. We feel the Zaire is fortunate to have you in its service.

The Author

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